THE COMMENT OF SOME OF SELECTION OF SOME - Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 10 706 784 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) SMALL ENTITY (Column 2) **NUMBER FILED** FOR **NUMBER EXTRA RATE** FEE RATE FEI **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) **SMALL ENTITY** SMALL ENTITY CLAIMS HIGHEST **PRESENT** REMAINING RATE NUMBER ADDI-RATE ADD **AMENDMENT EXTRA AFTER PREVIOUSLY** TIONAL TION **AMENDMENT PAID FOR** FEE FEE Total Minus (37 CFR 1.16(c)) X \$ OR Independent Minus = (37 CFR 1.16(b)) X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE **ADDI** AMENDMENT AFTER **PREVIOUSLY EXTRA** TIONAL TIONA **AMENDMENT** PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) X \$ X \$ OR Independent Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST AMENDMENT C **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI **AFTER EXTRA** TIONA **PREVIOUSLY** TIONAL **AMENDMENT PAID FOR** FEE FEE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

Minus

Minus

Total

(37 CFR 1,16(c))

Independent

(37 CFR 1.16(b))

X \$

TOTAL

ADD'L FEE

OR

OR

OR

OR

X \$

X \$

+ \$\_

TOTAL

ADD'L FEE

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3,

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.